HEARTLAND HEALTH CARE CENTER-PEWAUKEE

N26 W23977 WATERTOWN ROAD

WAUKESHA 53188 Phone: (262) 523-0933 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 120 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 120 Yes Number of Residents on 12/31/02: 118 Average Daily Census: 116

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %								
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	ଚ ଚ		41.5 57.6			
Supp. Home Care-Household Services	No	Developmental Disabilities		 Under 65	3.4	•	0.8			
Day Services	No	Mental Illness (Org./Psy)		65 - 74	11.0	•				
Respite Care	Yes	Mental Illness (Other)	0.8	75 - 84	41.5		100.0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.0	*********	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over 5.1		Full-Time Equivalent				
Congregate Meals	No	Cancer	3.4			Nursing Staff per 100 Residents				
Home Delivered Meals	No	Fractures	5.9		100.0	(12/31/02)				
Other Meals	No	Cardiovascular	1.7	65 & Over	96.6					
Transportation	No	Cerebrovascular	17.8			RNs	8.5			
Referral Service	Yes	Diabetes	2.5	Sex	용	LPNs	12.4			
Other Services	No	Respiratory	5.1			Nursing Assistants,				
Provide Day Programming for		Other Medical Conditions	18.6	Male	31.4	Aides, & Orderlies	36.4			
Mentally Ill	No			Female	68.6					
Provide Day Programming for			100.0							
Developmentally Disabled	No				100.0					

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		amily Care		1	Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	1.6	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Skilled Care	27	100.0	315	50	80.6	119	0	0.0	0	27	100.0	177	0	0.0	0	2	100.0	225	106	89.8
Intermediate				11	17.7	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	9.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	27	100.0		62	100.0		0	0.0		27	100.0		0	0.0		2	100.0		118	100.0

HEARTLAND HEALTH CARE CENTER-PEWAUKEE

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Admissions, Discharges, and	1	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period													
	1				% Needing		Total						
Percent Admissions from:	1	Activities of	%	As	sistance of	% Totally	Number of						
Private Home/No Home Health	2.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents						
Private Home/With Home Health	0.0	Bathing	1.7		67.8	30.5	118						
Other Nursing Homes			6.8		67.8	25.4	118						
Acute Care Hospitals	89.8	Transferring	19.5		48.3	32.2	118						
Psych. HospMR/DD Facilities	0.0	Toilet Use	24.6		41.5	33.9	118						
Rehabilitation Hospitals	2.8	Eating	77.1		8.5	14.4	118						
Other Locations	0.6	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	******						
Total Number of Admissions				%	Special Trea	tments	90						
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	6.8	Receiving	Respiratory Care	11.0						
Private Home/No Home Health	34.1	Occ/Freq. Incontinen	it of Bladder	35.6	Receiving	Tracheostomy Care	0.8						
Private Home/With Home Health	2.3	Occ/Freq. Incontinen	it of Bowel	35.6	Receiving	Suctioning	0.0						
Other Nursing Homes	1.7					Ostomy Care	0.8						
Acute Care Hospitals	18.5	Mobility			Receiving	Tube Feeding	1.7						
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed .	4.2	Receiving	Mechanically Altered Diets	21.2						
Rehabilitation Hospitals	0.0												
Other Locations	2.9	Skin Care			Other Reside	nt Characteristics							
Deaths	40.5	With Pressure Sores		9.3	Have Advan	ce Directives	99.2						
Total Number of Discharges		With Rashes		0.0	Medications								
(Including Deaths)	173				Receiving	Psychoactive Drugs	19.5						

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	This Proprietary Facility Peer Group		100	-199	Ski	lled	Al	1	
	Facility			Peer	Group	Peer Group		Facilities		
	%	%	Ratio	90	Ratio	90	Ratio	90	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	96.7	81.9	1.18	88.6	1.09	84.2	1.15	85.1	1.14	
Current Residents from In-County	72.9	83.1	0.88	85.4	0.85	85.3	0.85	76.6	0.95	
Admissions from In-County, Still Residing	23.9	18.8	1.27	18.6	1.28	21.0	1.14	20.3	1.18	
Admissions/Average Daily Census	151.7	182.0	0.83	203.0	0.75	153.9	0.99	133.4	1.14	
Discharges/Average Daily Census	149.1	180.8	0.82	202.3	0.74	156.0	0.96	135.3	1.10	
Discharges To Private Residence/Average Daily Census	54.3	69.3	0.78	76.5	0.71	56.3	0.96	56.6	0.96	
Residents Receiving Skilled Care	90.7	93.0	0.98	93.5	0.97	91.6	0.99	86.3	1.05	
Residents Aged 65 and Older	96.6	87.1	1.11	93.3	1.04	91.5	1.06	87.7	1.10	
Title 19 (Medicaid) Funded Residents	52.5	66.2	0.79	57.0	0.92	60.8	0.86	67.5	0.78	
Private Pay Funded Residents	22.9	13.9	1.65	24.7	0.92	23.4	0.98	21.0	1.09	
Developmentally Disabled Residents	0.0	1.0	0.00	1.0	0.00	0.8	0.00	7.1	0.00	
Mentally Ill Residents	44.9	30.2	1.49	28.5	1.57	32.8	1.37	33.3	1.35	
General Medical Service Residents	18.6	23.4	0.80	28.9	0.65	23.3	0.80	20.5	0.91	
Impaired ADL (Mean)	50.8	51.7	0.98	50.9	1.00	51.0	1.00	49.3	1.03	
Psychological Problems	19.5	52.9	0.37	52.9	0.37	53.9	0.36	54.0	0.36	
Nursing Care Required (Mean)	5.6	7.2	0.78	6.8	0.83	7.2	0.78	7.2	0.78	